



**APPLICATION TO PRACTICE
 DENTAL HYGIENE
 through
 LICENSURE BY CREDENTIAL**

OFFICIAL USE ONLY				
Rec# _____	File# _____	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
State/Regional Exam: _____		NB: _____		
School: _____		Grad Date: _____		
<input type="checkbox"/> STC	<input type="checkbox"/> LA	<input type="checkbox"/> NO	<input type="checkbox"/> Xray	<input type="checkbox"/> CE
<input type="checkbox"/> Sig	<input type="checkbox"/> Notary	<input type="checkbox"/> DOJ	<input type="checkbox"/> FBI	

FEES: Application - \$20
 Fingerprint Cards - \$51 (If Live Scan, pay to Live Scan Processor)
FEES ARE NON-REFUNDABLE

Please type or print clearly				
1. APPLICANT NAME: Last First Middle			2. Social Security Number:	
List other names you have ever used:			3. Birthdate (mo/day/yr):	
4. Address: City State Zip			5. Telephone Numbers: Work () Home()	
6. Dental Hygiene School Graduation Requirement. List the date on which you graduated from a dental hygiene school that is accredited by the Commission on Dental Accreditation (you must submit a copy of your diploma):				
7. Licensure in Other State(s) Requirement. List state(s) in which you are, or have ever been, licensed to practice dental hygiene:				
State	License Number	Date of Issue	Dates of practice	
			From (Mo/Yr)	To (Mo/Yr)
NOTE: Each state in which you are, or have ever been, licensed must provide certification of licensure on form provided.				
8. EXAMINATION REQUIREMENTS				
8a. California Clinical Examination. List the dates, if any, on which you previously took the California dental hygiene clinical licensure examination:				
8b. Passage of Dental Hygiene National Board Required. List the date on which you passed the Dental Hygiene National Board (you must submit original documentation of your National Board scores with this Application):				
8c. Passage of State or Regional Clinical Licensure Exam Required. List the date(s) on which you completed a state or regional clinical licensure examination (you must submit proof of passage with this Application, or it may be included on the license certification required under Section 7 above – see License Certification form):				

9. CONTINUING EDUCATION REQUIREMENT. Provide **original** documentation showing you have completed 25 units of continuing education within two years prior to the date of this application, which must include Basic Life Support, 2 hours California Dental Law and 2 hours Infection Control.

10. COMPLETION OF SPECIFIED COURSES REQUIRED. You must provide proof of passing California Dental Board-approved courses in: (1) soft tissue curettage, (2) the administration of nitrous oxide/oxygen, and (3) the administration of local anesthesia. You must provide certification of acceptable radiation safety instruction or you will not be allowed to expose dental radiographs in California.

11. CLINICAL PRACTICE AND/OR FULL-TIME FACULTY EXPERIENCE REQUIREMENT

11a. Clinical Practice Experience

I certify that I have been in clinical practice as a dental hygienist for a minimum of 750 hours per year for at least five (5) years preceding the date of this application. (Note: Less than five years is required if in combination with 11b or 11c below.) A separate Certification of Dental Hygiene Clinical Practice form must be submitted with the application.

11b. Full-Time Faculty

I certify that I have been a full-time faculty member in an accredited dental hygiene educational program for a minimum of 750 hours per year for at least five (5) years preceding the date of this application. (Note: Less than five years is required if in combination with 11a above.) A copy of each pertinent employment contract, showing the number of hours performed per year, must be submitted with the application.

11c. Pending Contract to Practice in a Clinic

I certify that I have been in clinical practice as a dental hygienist (see 11a above) for a minimum of 750 hours per year for at least three (3) years preceding the date of this application. A Certification of Dental Hygiene Clinical Practice is attached. I further certify that in lieu of two (2) years of the 5-year clinical practice experience, I have committed to practice in certain settings/locations in California. A copy of the applicant's pending contract to practice in such settings/locations must be provided.

12. DISCIPLINARY ACTIONS

12a. Have you ever been charged with, or been found to have committed, unprofessional conduct, incompetence, gross negligence, or repeated negligent acts or malpractice by any dental or dental hygiene licensing board or agency? Yes No

12b. Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders or letters of warning regarding any healing arts license which you now hold or have ever held? Yes No

12c. Have you ever been denied a license, or permission to practice dental hygiene, or permission to take an examination in any state, region, country, or U.S. Federal jurisdiction? Yes No

12d. In lieu of discipline or with charges pending, have you ever voluntarily surrendered a license to practice any form of dentistry, including hygiene or assisting, in another state or country? Yes No

If Yes to any of the above questions, give details on page 4 under Section 15, or on a separate attachment.

13. CRIMINAL CONVICTIONS

With the exception of traffic laws resulting in fines of \$300.00 or less, have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor, or felony in any state of the United States or in a foreign country? Yes No

Note: Under the provisions of Penal Code Section 1203.4, applicants must report any convictions or pleas of nolo contendere irrespective of a subsequent order that expunges the criminal record. Penal Code Section 1203.4 requires that applicants for licensure must report any conviction to any state or local licensing agency even if the conviction is dismissed. Applicants who answer "No" to the question, when there is a previous conviction or plea, may have their application denied for knowingly falsifying the application pursuant to section 480(c) of the Business and Professions Code.

If Yes to the above, give details below, or on page 4 under Section 15, or on a separate attachment.

Violation and Location	Date	Disposition of Case

14. EXECUTION OF APPLICATION

I declare that I am the applicant for Licensure by Credential referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Committee on Dental Auxiliaries or the Dental Board of California any information, files or records requested by the Committee on Dental Auxiliaries or the Dental Board of California in connection with the processing of this application.

I certify under penalty of perjury under the laws of the State of California that the foregoing and any Attachments hereto are true and correct.

_____ Date

_____ Signature of Applicant

NOTE: An applicant who signs this Application OUTSIDE the State of California shall swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

Notary Seal

Place of Signing: _____

15. Space for additional answers to Application questions (list the number of the question being answered.)

Notice of Collection of Personal Information

Collection and Use of Personal Information. The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and California Code of Regulations Sections 1076 and 1077. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law ; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(c)) authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess \$100 penalty against you.

Contact Information. For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries, 2005 Evergreen Street, Suite 1050 Sacramento, CA 95815, 916-263-2595. For questions about Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 N. Market Street, Sacramento, CA 95834, (866) 785-9663 or email privacy@dca.ca.gov